



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code	00380	,	00380	NAIC Company Code	96202	Employer's ID Number	52-1358219
	(Current Period)		(Prior Period)				
Organized under the Laws of	District of Columbia			State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [] No [X]						
Incorporated/Organized	06/22/1984			Commenced Business	03/01/1985		
Statutory Home Office	840 First Street, NE			Washington, DC 20065			
	(Street and Number)			(City, State and Zip Code)			
Main Administrative Office	10455 Mill Run Circle						
	Owings Mills, MD 21117			410-581-3000			
	(City, State and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	10455 Mill Run Circle			Owings Mills, MD 21117			
	(Street and Number or P.O. Box)			(City, State and Zip Code)			
Primary Location of Books and Records	10455 Mill Run Circle						
	Owings Mills, MD 21117			410-998-7011			
	(City, State and Zip Code)			(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.carefirst.com						
Statutory Statement Contact	William Vincent Stack			410-998-7011			
	(Name)			(Area Code) (Telephone Number) (Extension)			
	bill.stack@carefirst.com			410-998-6850			
	(E-Mail Address)			(Fax Number)			

OFFICERS

Name	Title	Name	Title
Jon Paul Shematek M.D.	President	Lisa Marlene Myers	Secretary
Jeanne Ann Kennedy	Treasurer	Joseph Petralia	Assistant Secretary

OTHER OFFICERS

David Donald Wolf	EVP, Medical Systems	Gregory Allen Devou	EVP, Chief Mktg Officer
Sharon Jean Vecchioni	EVP, Chief of Staff	Gregory Mark Chaney	EVP, CFO
Gwendolyn Denise Skillern	SVP, General Auditor	Michael John Felber	SVP, Sales
Maria Harris Tildon	SVP, Public Policy	Rita Ann Costello	SVP, Strategic Marketing
Fred Adrian Walton Plumb #	SVP, ASU-FEP	Kenny Waitem Kan	SVP, Chief Actuary
Dennis Allen Cupido	SVP, ASU-Large Groups	Alok Gupta	SVP, CIO
			SVP, Strategic Managed Care Initiatives
Michael Bruce Edwards	SVP, Networks Mgmt	Kevin Charles O'Neill #	SVP, Shared Services
Andrew Francis Sullivan #	SVP, ASU-Consumer Direct	Glen Rothman	
Steven Jon Margolis #	SVP, ASU-Small & Medium Groups		

DIRECTORS OR TRUSTEES

Jon Paul Shematek M.D.	David Donald Wolf	Gregory Mark Chaney	Gregory Allen Devou
John Anthony Picciotto			

State of _____ ss
County of _____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Jon Paul Shematek M.D. President	Lisa Marlene Myers Secretary	Jeanne Ann Kennedy Treasurer
Subscribed and sworn to before me this _____ day of _____, _____		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Group Hospital and Medical Services.....	18,789,475					18,789,475	
0199999 Individually listed receivables	18,789,475	0	0	0	0	18,789,475	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	18,789,475	0	0	0	0	18,789,475	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				CareFirst BlueChoice, Inc.				2. _____				(LOCATION)			
NAIC Group Code		00380		BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2009		NAIC Company Code		96202					
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		79,153	4,906	53,878				20,369							
2 First Quarter		83,333	4,068	54,863				24,402							
3 Second Quarter		85,797	4,496	56,044				25,257							
4 Third Quarter		88,429	4,674	57,378				26,377							
5 Current Year		90,319	4,448	58,202				27,669							
6 Current Year Member Months		1,036,373	52,381	677,136				306,856							
Total Member Ambulatory Encounters for Year:															
7. Physician		1,124,553	48,893	890,327				185,333							
8. Non-Physician		102,234	3,782	77,684				20,768							
9. Total		1,226,787	52,675	968,011	0	0	0	206,101	0	0	0				
10. Hospital Patient Days Incurred		50,399	1,786	36,982				11,631							
11. Number of Inpatient Admissions		12,625	542	9,694				2,389							
12. Health Premiums Written (b).....		301,497,890	4,863,504	183,958,668			2,462,282	110,213,436							
13. Life Premiums Direct.....		0													
14. Property/Casualty Premiums Written.....		0													
15. Health Premiums Earned.....		304,135,421	4,863,504	183,958,668			2,462,282	112,850,967							
16. Property/Casualty Premiums Earned.....		0													
17. Amount Paid for Provision of Health Care Services		246,603,326	4,261,420	136,798,934			1,561,870	103,981,102							
18. Amount Incurred for Provision of Health Care Services		249,332,669	4,371,995	135,828,119			1,561,453	107,571,102							

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. (LOCATION)

NAIC Group Code	00380	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2009				NAIC Company Code		96202
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	399,651	23,382	376,050			219				
2. First Quarter	398,276	24,540	373,632			104				
3. Second Quarter	397,618	25,262	372,102			254				
4. Third Quarter	377,789	24,739	352,745			305				
5. Current Year	378,766	26,289	352,141			336				
6. Current Year Member Months	4,651,710	302,133	4,346,746			2,831				
Total Member Ambulatory Encounters for Year:										
7. Physician	1,536,496	85,452	1,451,044							
8. Non-Physician	184,029	9,113	174,916							
9. Total	1,720,525	94,565	1,625,960	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	69,991	3,412	66,579							
11. Number of Inpatient Admissions	19,412	990	18,422							
12. Health Premiums Written (b)	1,344,428,118	57,232,237	1,282,525,789			4,670,092				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,344,428,118	57,232,237	1,282,525,789			4,670,092				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,110,790,911	51,483,853	1,056,066,279			3,240,779				
18. Amount Incurred for Provision of Health Care Services	1,095,889,413	50,660,505	1,041,939,280			3,289,628				

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. (LOCATION)

NAIC Group Code	00380	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2009				NAIC Company Code		96202
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,697	1,692	60,982			23				
2. First Quarter	63,343	1,732	61,599			12				
3. Second Quarter	63,921	1,898	62,005			18				
4. Third Quarter	64,007	1,915	62,074			18				
5. Current Year	64,096	2,011	62,073			12				
6. Current Year Member Months	764,520	22,052	742,282			186				
Total Member Ambulatory Encounters for Year:										
7. Physician	351,742	7,464	344,278							
8. Non-Physician	32,081	736	31,345							
9. Total	383,823	8,200	375,623	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	13,602	489	13,113							
11. Number of Inpatient Admissions	3,372	118	3,254							
12. Health Premiums Written (b).....	218,735,794	2,935,225	213,409,258			2,391,311				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	218,735,794	2,935,225	213,409,258			2,391,311				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	168,594,483	3,526,132	163,205,564			1,862,787				
18. Amount Incurred for Provision of Health Care Services	167,001,775	3,560,728	161,559,688			1,881,359				

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. (LOCATION)

NAIC Group Code	00380	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009				NAIC Company Code		96202
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	541,501	29,980	490,910	0	0	242	20,369	0	0	0
2. First Quarter	544,952	30,340	490,094	0	0	116	24,402	0	0	0
3. Second Quarter	547,336	31,656	490,151	0	0	272	25,257	0	0	0
4. Third Quarter	530,225	31,328	472,197	0	0	323	26,377	0	0	0
5. Current Year	533,181	32,748	472,416	0	0	348	27,669	0	0	0
6. Current Year Member Months	6,452,603	376,566	5,766,164	0	0	3,017	306,856	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,012,791	141,809	2,685,649	0	0	0	185,333	0	0	0
8. Non-Physician	318,344	13,631	283,945	0	0	0	20,768	0	0	0
9. Total	3,331,135	155,440	2,969,594	0	0	0	206,101	0	0	0
10. Hospital Patient Days Incurred	133,992	5,687	116,674	0	0	0	11,631	0	0	0
11. Number of Inpatient Admissions	35,409	1,650	31,370	0	0	0	2,389	0	0	0
12. Health Premiums Written (b)	1,864,661,802	65,030,966	1,679,893,715	0	0	9,523,685	110,213,436	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,867,299,333	65,030,966	1,679,893,715	0	0	9,523,685	112,850,967	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,525,988,720	59,271,405	1,356,070,777	0	0	6,665,436	103,981,102	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,512,223,857	58,593,228	1,339,327,087	0	0	6,732,440	107,571,102	0	0	0

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	25	25	25	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	565,501,131		565,501,131
2. Accident and health premiums due and unpaid (Line 13).....	52,335,871		52,335,871
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	91,387,995	0	91,387,995
6. Total assets (Line 26)	709,224,997	0	709,224,997
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	135,658,896	0	135,658,896
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	41,298,508		41,298,508
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	61,531,123	0	61,531,123
13. Total liabilities (Line 22).....	238,488,527	0	238,488,527
14. Total capital and surplus (Line 31).....	470,736,470	XXX	470,736,470
15. Total liabilities, capital and surplus (Line 32)	709,224,997	0	709,224,997
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....WAIVED.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

17.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
18.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
19.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....


Explanation:


10.
11.
12.
13.


Not applicable - company does not have 100 or more stockholders.
14.
15.
16.
17.
18.
19.


Bar code:


1.


9 6 2 0 2 2 0 0 9 4 6 0 0 0 0 0 0
10.







9 6 2 0 2 2 0 0 9 3 6 0 5 9 0 0 0
11.


9 6 2 0 2 2 0 0 9 2 0 5 0 0 0 0 0
12.


9 6 2 0 2 2 0 0 9 2 0 7 0 0 0 0 0
14.


9 6 2 0 2 2 0 0 9 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 9 6 2 0 2 2 0 0 9 3 7 0 0 0 0 0 0
16.	 9 6 2 0 2 2 0 0 9 3 6 5 0 0 0 0 0
17.	 9 6 2 0 2 2 0 0 9 3 0 6 0 0 0 0 0
18.	 9 6 2 0 2 2 0 0 9 2 1 1 5 9 0 0 0
19.	 9 6 2 0 2 2 0 0 9 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Miscellaneous expenses.....	(29,894)	(235,497)	1,922,027		1,656,636
2505. Interest claims expenses.....		19,305			19,305
2506. Management fee and investment expense.....	1,794,172	5,191,635	11,144,163		18,129,970
2507. Service Charges Inter-Plan Bank.....					0
2508. IPSBB Inter-Plan Bank.....					0
2597. Summary of remaining write-ins for Line 25 from Page 14	1,764,278	4,975,443	13,066,190	0	19,805,911

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